

B 14368.3 ALP

Declaration, Power Of Attorney and Petition

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WE (I) the undersigned inventor(s), hereby declare(s) that :

My residence, post office address and citizenship are as stated below next to my name,

We (I) believe that we are (I am) the original, first, and joint (sole) inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled
FABRICATION METHOD FOR PATTERNS WITH INCLINED FLANKS BY PHOTOLITHOGRAPHY

the specification of which

is attached hereto.

was filed on

as Application Serial No.

and amended on

was filed as PCT international application

Number PCT/FR2004/050377

on August 05, 2004

and was amended under PCT Article 19

on

We (I) hereby state that we (I) have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We (I) acknowledge the duty to disclose information known to be material to the patentability of this application as defined in Section 1.56 of Title 37 Code of Federal Regulations.

We (I) hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed. Prior Foreign Application (s)

Application No.	Country	Day/month/Year	Priority Claimed
03 50410	FRANCE	07 August 2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

We (I) hereby claim the benefit under Title 35, United States Code, § 119 (e) of any United States provisional application(s) listed below.

(Application Number)	(Filing Date)
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(Application Number)	(Filing Date)
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We (I) hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in these prior United States application(s) in the manner provided by 35 U.S.C. § 112, I acknowledge the duty to disclose material information as defined in 37 CFR § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application.

Application Serial No.	Filing Date	Status (pending, patented, abandoned)
_____	_____	_____
_____	_____	_____

I hereby appoint practitioners associated with **Customer Number: 46,188** as attorneys of record with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith. If this application is assigned by me I agree and understand that the above-named attorneys will represent the assignee and not me.

Please send all correspondence and direct all telephone calls to:
Customer Number 46,188

We (I) undersigned declare that all statements made herein of my(our) own knowledge are true and that all statements made on information and belief are believed to be true and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and such wilful false statements may jeopardize the validity of the application or any patent issuing therefrom.

RABAROT Marc

NAME OF FIRST SOLE INVENTOR



Signature of Inventor

January 27, 2006

Date

Residence : Sme Casimir Brunet

38-10 St Egreve FRANCE

Citizen of : FRANCE

Post Office Address : The same as residence

KIPP Mathieu

NAME OF SECOND INVENTOR

Signature of Inventor

January 27, 2006

Date

Residence : 87 Rue du gal De Gaulle67120 DUTTLEHENHEIMFRANCECitizen of : FRANCE

Post Office Address : The same as residence

KOPP Christophe

NAME OF THIRD INVENTOR

Signature of Inventor

January 27, 2006

Date

Residence : 10, rue ChancelièreF-38120 Fontain-F-CormillotFRANCECitizen of : FRANCE

Post Office Address : The same as residence

NAME OF FOURTH INVENTOR

Signature of Inventor

Date

Residence : _____

Citizen of : _____

Post Office Address : The same as residence

NAME OF FIFTH INVENTOR

Signature of Inventor

Date

Residence : _____

Citizen of : _____

Post Office Address : The same as residence